

Case Number:	CM14-0152734		
Date Assigned:	09/22/2014	Date of Injury:	05/03/2012
Decision Date:	10/22/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28-year-old female, who reported an injury on 05/03/2012. The mechanism of injury was not provided. On 07/02/2014, the injured worker presented with diagnosis of right knee medial meniscus tear; contracture of the right knee/locked knee; right knee patellar tilting; painful scar of the right knee; right knee status post arthroscopy with partial medial meniscectomy; right knee status post medial meniscus tear; herniated disc of the lumbar spine; low back pain secondary to antalgic gait, rule out occult pathology; bilateral hip trochanteric bursitis; and, left SI joint synovitis. Upon examination, the injured worker had an antalgic gait. There was tenderness to the posterior and superior iliac spine region and positive tenderness to the right side of SI joint. There was positive spasm in the left sided paralumbar musculature. There was 5/5 strength. Examination of the right knee noted a well healed arthroscopic portal with tenderness over the scar. Positive out tracking. Positive quadriceps atrophy. Positive lateral joint line tenderness and positive patellofemoral facet tenderness. Current medications included diclofenac, omeprazole, and tramadol. The provider recommended omeprazole DR 20 mg; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OMEPRAZOLE DR 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 69.

Decision rationale: According to California MTUS, Omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy, for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendations for Omeprazole. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. There is lack of documentation of the efficacy of the prior use of the medication. The provider's request as submitted does not include the frequency of the medication. As such, the request is not medically necessary.